

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. **10 / 526981** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1						51			
2		1					52			
3							53			
4		1					54			
5							55			
6		1					56			
7							57			
8		1					58			
9							59			
10		1					60			
11							61			
12		1					62			
13							63			
14		1					64			
15							65			
16		1					66			
17							67			
18		1					68			
19	1						69			
20							70			
21							71			
22							72			
23							73			
24							74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	2						TOTAL IND.			
TOTAL DEP.	17						TOTAL DEP.			
TOTAL CLAIMS	19						TOTAL CLAIMS			